



APPLICATION FOR CREDIT

COMPANY NAME: _____ DATE _____

ADDRESS: _____

City STATE ZIP

Phone: Fax:

ARE YOU TAX EXEMPT? _____ IF SO, PLEASE ATTACH SALES TAX CERTIFICATE

BUSINESS TYPE: Corporation ___ Partnership ___ Sole Proprietorship ___

BUSINESS START DATE: _____

IS THE BUILDING OWNED OR LEASED? _____

IS THE BUSINESS A DIVISION OR SUBSIDIARY OF ANY OTHER COMPANY? IF SO, PLEASE PROVIDE NAME AND ADDRESS OF PARENT COMPANY:

PRINCIPALS OR OWNERS

NAME: _____ TITLE _____

NAME: _____ TITLE _____

NAME: _____ TITLE _____

ACCOUNTS PAYABLE CONTACT: _____

REFERENCES

BANK: _____

ADDRESS: _____

PHONE: _____ FAX: _____

TRADE REFERENCE NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

TRADE REFERENCE NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

TRADE REFERENCE NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

Name of Georgia Air Representative with whom you are working _____

I understand that your terms are net 30 days and I will adhere to those terms.

Authorized Signature _____ Title _____